| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| MIDDLE DISTRICT OF FLORIDA                      | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                                    | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Betzaida First name  A Middle name                 | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III)           | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Betzaida Amaralys Lugo-Serrano<br>Betzaida Sanchez |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-7408  |   |

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Debtor 1 Betzaida A Lugo Case number (if known)

|    |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|---|--|---|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and<br>doing business as names | I have not used any business name or EINs.  Business name(s)  EINs   | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |
| 5. | Where you live  | 15416 Florida Breeze Loop  | If Debtor 2 lives at a different address:   |
|    |   | Wimauma, FL 33598  Number, Street, City, State & ZIP Code  Hillsborough  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.    |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code   | Number, P.O. Box, Street, City, State & ZIP Code  |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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Debtor 1 Betzaida A Lugo Case number (if known)

| Par | Tell the Court About   | our B     | ankruptcy Ca                  | se   |                             |   |   |  |
|-----|--|-----------|-------------------------------|--|-----------------------------|---|---|--|
| 7.  | The chapter of the Bankruptcy Code you are   |           |                               | rief description of each, see go to the top of page 1 and      |                             |   | C. § 342(b) for Individu                    | uals Filing for Bankruptcy   |
|     | choosing to file under   | ■ CI      | hapter 7                      |  |                             |   |   |  |
|     |  | □ CI      | hapter 11                     |  |                             |   |   |  |
|     |  | □ CI      | hapter 12                     |  |                             |   |   |  |
|     |  |           | hapter 13                     |  |                             |   |   |  |
|     |  |           | •                             |  |                             |   |   |  |
| 8.  | How you will pay the fee   |           | about how yo                  | u may pay. Typically, if you<br>attorney is submitting your լ  | are paying                  | the fee yourself, y                         | you may pay with cash                       | r local court for more details<br>n, cashier's check, or money<br>h a credit card or check with              |
|     |  |           |                               | the fee in installments. If                                    | vou choose                  | e this option, sign                         | and attach the Applica                      | ation for Individuals to Pav   |
|     |  |           | The Filing Fee                | e in Installments (Official Fo                                 | orm 103A).                  |   |   | ·  |
|     |  |           | but is not requapplies to you | uired to, waive your fee, and                                  | d may do so<br>nable to pay | o only if your incor<br>the fee in installr | ne is less than 150% onents). If you choose | oter 7. By law, a judge may, of the official poverty line that this option, you must fill out your petition. |
|     |  |           |                               |  |                             |   |   |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?   | □ No ■ Ye |                               |  |                             |   |   |  |
|     |  |           | District                      | Middle District of Florida                                     | When                        | 10/13/17                                    | Case number                                 | 17-08725   |
|     |  |           | District                      | MIDDLE DISTRICT<br>TAMPA FLORIDA                               | When                        | 2/22/17                                     | Case number                                 | 17-01381   |
|     |  |           | District                      | See Attachment   | When                        |   | Case number                                 |  |
| 10. | Are any bankruptcy   | ■ No      | )                             |  |                             |   |   |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye      | s.                            |  |                             |   |   |  |
|     |  |           | Debtor                        |  |                             |   | Relationship to y                           | /ou  |
|     |  |           | District                      |  | When                        |   | Case number, if                             | known  |
|     |  |           | Debtor                        |  |                             |   | Relationship to y                           | /ou  |
|     |  |           | District                      |  | When                        |   | Case number, if                             | known  |
| 11. | Do you rent your   | ■ No      | Go to li                      | ne 12.   |                             |   |   |  |
|     | residence?   | ☐ Ye      |                               | ur landlord obtained an evid                                   | ction judgme                | ent against you?                            |   |  |
|     |  |           | •                             | No. Go to line 12.   | -                           | •   |   |  |
|     |  |           |                               | Yes. Fill out <i>Initial Stateme</i> this bankruptcy petition. | nt About ar                 | n Eviction Judgme                           | nt Against You (Form                        | 101A) and file it as part of   |

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| Deb  | otor 1 Betzaida A Lugo  |                       |  |                                    | Case number (if known)  |  |
|------|---|-----------------------|--|------------------------------------|---|--|
|      |   |                       |  |                                    |   |  |
| Par  | t 3: Report About Any Bu  | ısinesses             | You Own a  | as a Sole Proprie                  | tor   |  |
| 12.  | Are you a sole proprietor   |                       |  |                                    |   |  |
|      | of any full- or part-time business?   | ■ No.                 | Go to F  | art 4.                             |   |  |
|      |   | ☐ Yes.                | Name a   | and location of bus                | siness  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                       | Name (   | of business, if any                |   |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                       | Numbe  | r, Street, City, Sta               | te & ZIP Code   |  |
|      | it to this petition.  |                       | Check  | the appropriate bo                 | ox to describe your business:   |  |
|      | ·   |                       |  | Health Care Busin                  | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|      |   |                       |  | Single Asset Real                  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|      |   |                       |  | Stockbroker (as d                  | defined in 11 U.S.C. § 101(53A))  |  |
|      |   |                       |  | Commodity Broke                    | er (as defined in 11 U.S.C. § 101(6))   |  |
|      |   |                       |  | None of the above                  | е   |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline<br>operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate adlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1 U.S.C. 1116(1)(B). |                                    |   |  |
|      | For a definition of small   | ■ No.                 | I am no  | t filing under Chap                | oter 11.  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                 | I am fili<br>Code.   | ng under Chapter                   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|      |   | ☐ Yes.                | I am fili  | ng under Chapter                   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Par  | Penort if You Own or  | · Have An             | , Hazardoi   | s Property or Λn                   | y Property That Needs Immediate Attention   |  |
|      | Do you own or have any  |                       | riazardot  | is i Toperty of All                | y Property That Needs Infinediate Attention   |  |
| • •• | property that poses or is   | No.                   |  |                                    |   |  |
|      | alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.                | What is th   | e hazard?                          |   |  |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                       |  | ate attention is why is it needed? |   |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                       | Where is   | the property?                      |   |  |
|      | - •   |                       |  |                                    | Number, Street, City, State & Zip Code  |  |
|      |   |                       |  |                                    |   |  |

Debtor 1 Betzaida A Lugo

Case number (if known)

### Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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4/24/19 10:26AM Debtor 1 Case number (if known) Betzaida A Lugo Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **2**5,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Betzaida A Lugo Signature of Debtor 2 Betzaida A Lugo Signature of Debtor 1 Executed on April 24, 2019 Executed on

MM / DD / YYYY

MM / DD / YYYY

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|          |                 | 2001 1 1100 0 1/2 1/10 1 ago 1 01 | 4/24/19 10:26AM |
|----------|-----------------|-----------------------------------|-----------------|
| Debtor 1 | Betzaida A Lugo | Case number (if known)            |                 |
|          |                 |                                   |                 |
|          |                 |                                   |                 |
|          |                 |                                   |                 |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Laura N<br>Signature of          | <b>II. Gallo</b> Attorney for Debtor | Date          | April 24, 2019<br>MM / DD / YYYY |  |
|--------------------------------------|--------------------------------------|---------------|----------------------------------|--|
| Laura M. O                           | Sallo 89335 Florida                  |               |                                  |  |
| Gallo Law<br>Firm name               | , P.A                                |               |                                  |  |
| 7211 N. Da<br>Suite 228<br>Tampa, FL | ale Mabry Highway                    |               |                                  |  |
|                                      | City, State & ZIP Code               |               |                                  |  |
| Contact phone                        | 813-530-8009                         | Email address | lgallo@gallolawfl.com            |  |
| 89335 Flor                           |                                      |               |                                  |  |

Case number (if known)

| Fill in this infor  | mation to identify your  | case:              |           |                     |
|---------------------|--------------------------|--------------------|-----------|---------------------|
| Debtor 1            | Betzaida A Lugo          |                    |           |                     |
|                     | First Name               | Middle Name        | Last Name |                     |
| Debtor 2            |                          |                    |           |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                     |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA   |                     |
| Case number         |                          |                    |           |                     |
| (if known)          |                          |                    |           | Check if this is ar |
|                     |                          |                    |           | amended filing      |

## FORM 101. VOLUNTARY PETITION

## **Prior Bankruptcy Cases Filed Attachment**

| District                      | Case Number | Date Filed |
|-------------------------------|-------------|------------|
| Middle District of Florida    | 17-08725    | 10/13/17   |
| MIDDLE DISTRICT TAMPA FLORIDA | 17-01381    | 2/22/17    |
| MIDDLE DISTRICT TAMPA FLORIDA | 16-00510    | 1/24/16    |

Debtor 1 Betzaida A Lugo

| Fill in this infor  | rmation to identify your | case:              |           |                                      |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1            | Betzaida A Lugo          |                    |           |                                      |
|                     | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2            |                          |                    |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                      |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA   |                                      |
| Case number         |                          |                    |           |                                      |
| (if known)          |                          |                    |           | ☐ Check if this is ar amended filing |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct your original forms, you must fill out a new Summary and check the box at the top of this page.

## information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 115.749.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 4,520.00 1c. Copy line 63, Total of all property on Schedule A/B..... 120,269.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 160.252.10 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... 10,140.02 Your total liabilities 170.392.12 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 1,332.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2,298.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case number (if known)

Debtor 1 Betzaida A Lugo

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,400.00 \$

4/24/19 10:26AM

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im       |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 8,106.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 8,106.00 |

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|  |   | 32-101G VV  | _  | 4/24/19 10:26   |
|--|---|---|--|---|
| Fill in this informat  | ion to identify your case and   | this filing:  |  |   |
| Debtor 1   | Betzaida A Lugo<br>First Name Mic   | idle Name Last Name   |  |   |
| Debtor 2<br>(Spouse, if filing)                                    | First Name Mic  | ddle Name Last Name   |  |   |
| United States Bankr  | ruptcy Court for the: MIDDLE  | DISTRICT OF FLORIDA   |  |   |
| Case number  |   |   |  | ☐ Check if this is an amended filing  |
| n each category, sepa<br>hink it fits best. Be a                   | A/B: Property  arately list and describe items. Lists complete and accurate as possurace is needed, attach a separate | st an asset only once. If an asset fits in more than one<br>ible. If two married people are filing together, both are<br>sheet to this form. On the top of any additional pages | equally responsible for s  | upplying correct  |
|  |   |   |  |   |
| . <b>Do you own or have</b> □ No. Go to Part 2. ■ Yes. Where is th |   | n any residence, building, land, or similar property?   |  |   |
| . Do you own or have  No. Go to Part 2.  Yes. Where is the         |   | What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative   |  | laims or exemptions. Put<br>ed claims on <i>Schedule D:</i><br>ims Secured by Property. |
| . Do you own or have  No. Go to Part 2.  Yes. Where is the         | e property?<br>a Breeze Loop  | What is the property? Check all that apply  Single-family home  Duplex or multi-unit building Condominium or connective   | Current value of the entire property? \$115,749.00  Describe the nature of | ed claims on Schedule D:  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Case 8:19-bk-03732-MGW Doc 1 Filed 04/24/19 Page 12 of 50 4/24/19 10:26AM Case number (if known) Debtor 1 Betzaida A Lugo 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **TOYOTA** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **COROLLA** ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Year: 2009 Debtor 2 only Current value of the Current value of the Approximate mileage: 289,000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another **NADA VALUE GUIDE** \$975.00 \$975.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **NISSAN** Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: **PICKUP** Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 1995 Year: Debtor 2 only Current value of the Current value of the 195,000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another **KELLY BLUE BOOK VALUE** \$390.00 \$390.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Toyota 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Pickup** Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 1998 Debtor 2 only Current value of the Current value of the 185.000 Approximate mileage: portion you own? Debtor 1 and Debtor 2 only entire property? Other information: At least one of the debtors and another \$1,915.00 \$1.915.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$3,280.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured

claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

■ Yes. Describe.....

1 old BED SET, 1 TWIN BED, 1 full bed and 1 sm dresser, 1 OLD sofa, 1 OLD DINNING SET-6 chairs, 1 TV

\$500.00

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|                  | 0430 0.13 BK 00702 WOW DO  |   | 4/24/19 10:26AM   |
|------------------|--|---|---|
| Debtor           | 1 Betzaida A Lugo  | Case number                               | (if known)  |
| 7. Elect<br>Exai | mples: Televisions and radios; audio, video, stereo, and digital equincluding cell phones, cameras, media players, games               | ipment; computers, printers, scanners     | s; music collections; electronic devices  |
|                  | es. Describe   |   |   |
|                  | 1 old laptop, 1 samsung galaxy star (  | cell phone                                | \$100.00  |
|                  |  | <u>'</u>                                  |   |
|                  | ectibles of value  mples: Antiques and figurines; paintings, prints, or other artwork; be other collections, memorabilia, collectibles | ooks, pictures, or other art objects; sta | amp, coin, or baseball card collections;  |
|                  | es. Describe   |   |   |
|                  | pment for sports and hobbies  mples: Sports, photographic, exercise, and other hobby equipment musical instruments                     | ; bicycles, pool tables, golf clubs, skis | ; canoes and kayaks; carpentry tools;   |
| _                | es. Describe   |   |   |
|                  | amples: Pistols, rifles, shotguns, ammunition, and related equipme   | nt  |   |
| ■ N<br>□ Y       | o<br>es. Describe  |   |   |
| □ N              | amples: Everyday clothes, furs, leather coats, designer wear, shoe   | s, accessories                            |   |
| _ '              | es. Describe   |   |   |
|                  | USED CLOTHES   |   | \$20.00   |
| □ N              | amples: Everyday jewelry, costume jewelry, engagement rings, we o es. Describe   | dding rings, heirloom jewelry, watche     |   |
|                  | 1 woman's watch  |   | \$20.00   |
| Exa              | n-farm animals amples: Dogs, cats, birds, horses o es. Describe  |   |   |
|                  | 2 domestic dogs  |   | \$0.00  |
| ■ N              | or other personal and household items you did not already list, to es. Give specific information                                       | including any health aids you did r       | not list  |
|                  | dd the dollar value of all of your entries from Part 3, including r Part 3. Write that number here                                     |   | sched \$640.00  |
| Part 4:          |  |   |   |
| Do you           | own or have any legal or equitable interest in any of the follo  | wing?                                     | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 3

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|                 |  |   |                                    |  | 4/24/19 10:26A       |
|-----------------|--|---|------------------------------------|--|----------------------|
| Debtor          | Betzaida A   | Lugo  |                                    | Case number (if known)   |                      |
|                 | <i>kamples:</i> Money you<br>No                      | have in your wallet, in your ho   |                                    | d on hand when you file your petition                                  |                      |
| Ex              | institutions.  | savings, or other financial acco<br>If you have multiple accounts                                   |                                    | hares in credit unions, brokerage houses, an each.                     | nd other similar     |
| □ N             | vo<br>∕es  |   | Institution name:                  |  |                      |
|                 |  | 17.1. Checking  | CHASE-8908                         |  | \$600.00             |
|                 |  | or publicly traded stocks<br>, investment accounts with bro   | kerage firms, money market         | accounts   |                      |
| ■ N             | √o<br>/es  | Institution or issuer r   | name:                              |  |                      |
| _joi            | int venture  | tock and interests in incorpo   | orated and unincorporated l        | ousinesses, including an interest in an LL                             | .C, partnership, and |
| ■ N             |  | formation about them<br>Name of entity:   |                                    | % of ownership:  |                      |
| Ne<br>No<br>■ N | egotiable instruments<br>on-negotiable instrun<br>No | orate bonds and other negor<br>is include personal checks, cast<br>ments are those you cannot train | hiers' checks, promissory not      | es, and money orders.  |                      |
| ЦΥ              | res. Give specific info                              | ormation about them<br>Issuer name:   |                                    |  |                      |
|                 | •  |   | 03(b), thrift savings accounts     | or other pension or profit-sharing plans                               |                      |
|                 | es. List each accou                                  | nt separately.  Type of account:  | Institution name:                  |  |                      |
| Yo<br>Ex        | camples: Agreements                                  | ed deposits you have made so  |                                    | e or use from a company<br>ater), telecommunications companies, or oth | ners                 |
| ■ N             | vo<br>/es  |   | Institution name or ind            | ividual:   |                      |
| 23. <b>An</b>   | nuities (A contract f                                | or a periodic payment of mone   | y to you, either for life or for a | number of years)   |                      |
| ■ N             |  | ssuer name and description.   |                                    |  |                      |
| 26 l            | U.S.C. §§ 530(b)(1),                                 | on IRA, in an account in a qu<br>529A(b), and 529(b)(1).  | ualified ABLE program, or ι        | nder a qualified state tuition program.                                |                      |
| ■ N             |  | nstitution name and description   | a. Separately file the records of  | of any interests.11 U.S.C. § 521(c):                                   |                      |
| 25. <b>Tr</b> u | -  | iture interests in property (of   | ther than anything listed in       | line 1), and rights or powers exercisable f                            | or your benefit      |
| -               |  | formation about them  |                                    |  |                      |
|                 |  | rademarks, trade secrets, an<br>main names, websites, proceed                                       |                                    |  |                      |

No

 $\hfill \square$  Yes. Give specific information about them...

| Debtor '               | Betzaida A Lugo  | Case number (if known)  | 4/24/19 10:26/  |
|------------------------|--|---|---|
|                        | nses, franchises, and other general intangib                   |   |   |
| _                      |  | operative association holdings, liquor licenses, professional licenses                        | 3   |
| ■ No                   | es. Give specific information about them                       |   |   |
| Money                  | or property owed to you?                                       |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. <b>Tax</b><br>■ No | refunds owed to you  |   |   |
| □ Ye                   | es. Give specific information about them, including            | ling whether you already filed the returns and the tax years                                  |   |
|                        | , , , ,  | I support, child support, maintenance, divorce settlement, property se                        | ettlement   |
| □ Ye                   | es. Give specific information                                  |   |   |
|                        | benefits; unpaid loans you made to som                         | ments, disability benefits, sick pay, vacation pay, workers' compens neone else               | ation, Social Security  |
| □ Ye                   | es. Give specific information                                  |   |   |
|                        |  | Ith savings account (HSA); credit, homeowner's, or renter's insurance                         | е   |
| □ Ye                   | es. Name the insurance company of each policy<br>Company name: | y and list its value.<br>Beneficiary:   | Surrender or refund value:  |
| If you                 | neone has died.  | meone who has died roceeds from a life insurance policy, or are currently entitled to receive | ve property because   |
| ■ No                   | es. Give specific information                                  |   |   |
| Exa                    | amples: Accidents, employment disputes, insura                 | I have filed a lawsuit or made a demand for payment ance claims, or rights to sue             |   |
| ■ No                   | es. Describe each claim  |   |   |
| 34. <b>Oth</b> e       | er contingent and unliquidated claims of eve                   | ery nature, including counterclaims of the debtor and rights to s                             | set off claims  |
| ■ No                   |  |   |   |
|                        | es. Describe each claim  |   |   |
| 35. <b>Any</b><br>■ No | financial assets you did not already list                      |   |   |
|                        | es. Give specific information                                  |   |   |
|                        |  | Part 4, including any entries for pages you have attached                                     | \$600.00  |
| Part 5:                | Describe Any Business-Related Property You Own                 | n or Have an Interest In. List any real estate in Part 1.                                     |   |
| 37. <b>Do y</b> o      | ou own or have any legal or equitable interest in an           | ny business-related property?   |   |
| No.                    | Go to Part 6.  |   |   |
| ☐ Yes                  | . Go to line 38.   |   |   |

Official Form 106A/B Schedule A/B: Property page 5

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| Debt         | tor 1        | Betzaida A Lugo  |                        | Case number (if known)    | 4/24/19 10:26AM        |
|--------------|--------------|--|------------------------|---------------------------|------------------------|
| Part         |              | scribe Any Farm- and Commercial Fishing-Related Property You Cou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In.                    |                        |
| 46. <b>C</b> | o you        | u own or have any legal or equitable interest in any farm- c   | or commercial fishin   | g-related property?       |                        |
|              | ■ No.        | Go to Part 7.  |                        |                           |                        |
|              | □ Yes        | s. Go to line 47.  |                        |                           |                        |
| Part         | 7:           | Describe All Property You Own or Have an Interest in That You  | Did Not List Above     |                           |                        |
|              |              | have other property of any kind you did not already list?  bles: Season tickets, country club membership                 |                        |                           |                        |
|              | Lxamı<br>INo | ores. Geason tickets, country dub membership   |                        |                           |                        |
|              |              | Give specific information  |                        |                           |                        |
| 54.          | Add t        | the dollar value of all of your entries from Part 7. Write tha   | t number here          |                           | \$0.00                 |
|              |              | •  |                        | L                         |                        |
| Part         | 8:           | List the Totals of Each Part of this Form  |                        |                           |                        |
| 55.          | Part 1       | 1: Total real estate, line 2   |                        |                           | \$115,749.00           |
| 56.          | Part 2       | 2: Total vehicles, line 5  | \$3,280.00             |                           |                        |
| 57.          | Part 3       | 3: Total personal and household items, line 15   | \$640.00               |                           |                        |
| 58.          | Part 4       | 4: Total financial assets, line 36   | \$600.00               |                           |                        |
| 59.          | Part 5       | 5: Total business-related property, line 45  | \$0.00                 |                           |                        |
| 60.          | Part 6       | 6: Total farm- and fishing-related property, line 52   | \$0.00                 |                           |                        |
| 61.          | Part 7       | 7: Total other property not listed, line 54 +  | \$0.00                 |                           |                        |
| 62.          | Total        | personal property. Add lines 56 through 61   | \$4,520.00             | Copy personal property to | stal <b>\$4,520.00</b> |
| 63.          | Total        | of all property on Schedule A/B. Add line 55 + line 62   |                        |                           | \$120,269.00           |

Official Form 106A/B Schedule A/B: Property page 6

\$120,269.00

|                   |   | Case 8:19-b   | ok-03732-MGW                                     | Doc 1                      | Filed 04/24/19   | Page                     | e 17 of 50                            | 4/24/19 10:26A                     |
|-------------------|---|---|--|----------------------------|--|--------------------------|---------------------------------------|------------------------------------|
| Fil               | l in this inform                                  | ation to identify your o                                  | case:  |                            |  |                          |                                       |                                    |
| De                | ebtor 1   | Betzaida A Lugo   | Middle Name                                      | 1                          | ast Name   |                          |                                       |                                    |
| De                | btor 2  | Filst Name  | Middle Name                                      | L                          | ast Name   |                          |                                       |                                    |
| (Sp               | ouse if, filing)                                  | First Name  | Middle Name                                      | L                          | ast Name   |                          |                                       |                                    |
| Un                | ited States Banl                                  | kruptcy Court for the:                                    | MIDDLE DISTRICT OF                               | FFLORIDA                   |  |                          |                                       |                                    |
|                   | nse number  |   |  |                            |  |                          | _                                     | ck if this is an<br>ended filing   |
|                   | fficial For<br>chedule                            |   | operty You                                       | Claim                      | as Exempt  |                          |                                       | 4/19                               |
| the<br>nee        | property you list                                 | ted on <i>Schedule A/B: P</i><br>attach to this page as r | Property (Official Form 10                       | 6A/B) as yo                | her, both are equally responding source, list the property ge as necessary. On the to                          | that you                 | claim as exempt.                      | If more space is                   |
| any<br>fun<br>exe | applicable sta<br>ds—may be un<br>emption to a pa | tutory limit. Some exe<br>limited in dollar amou          | emptions—such as tho<br>unt. However, if you cla | se for healt<br>im an exen | r market value of the pro<br>h aids, rights to receive<br>nption of 100% of fair ma<br>etermined to exceed tha | certain be<br>rket value | enefits, and tax-<br>e under a law th | exempt retirement<br>at limits the |
| Pa                | rt 1: Identify                                    | the Property You Cla                                      | im as Exempt                                     |                            |  |                          |                                       |                                    |
| 1.                | Which set of e                                    | exemptions are you cl                                     | aiming? Check one only                           | y, even if yo              | ur spouse is filing with you   | I.                       |                                       |                                    |
|                   | You are clai                                      | ming state and federal                                    | nonbankruptcy exemption                          | ons. 11 U.S                | S.C. § 522(b)(3)   |                          |                                       |                                    |
|                   | ☐ You are clai                                    | ming federal exemption                                    | ns. 11 U.S.C. § 522(b)(2                         | 2)                         |  |                          |                                       |                                    |
| 2.                | For any prope                                     | erty you list on <i>Schedu</i>                            | ule A/B that you claim a                         | as exempt,                 | fill in the information bel  | ow.                      |                                       |                                    |
|                   |   | n of the property and line<br>nat lists this property     | e on Current value of portion you owr            |                            | ount of the exemption you c  | laim                     | Specific laws that                    | at allow exemption                 |
|                   |   |   | Copy the value fr<br>Schedule A/B                | om Che                     | ck only one box for each exen  | nption.                  |                                       |                                    |
|                   | 2009 TOYOT  | A COROLLA 289,00  | 975  | <b>5.00</b> ■              | \$9  | 75.00                    | Fla. Stat. Ann                        | n. § 222.25(4)                     |
|                   | NADA VALU<br>Line from Sche                       |   |  |                            | 100% of fair market value any applicable statutory   |                          |                                       |                                    |
|                   |   | N PICKUP 195,000 n<br>E BOOK VALUE                        | miles \$390                                      | .00                        | \$3  | 90.00                    | Fla. Stat. Ann                        | n. § 222.25(4)                     |
|                   | Line from Sche                                    |   |  |                            | 100% of fair market value any applicable statutory   | -, -,                    |                                       |                                    |
|                   | 1998 Toyota                                       | Pickup 185,000 mil  | les \$1,915                                      | 5.00 <b>■</b>              | \$1,0  | 00.00                    | Fla. Stat. Ann                        | n. § 222.25(1)                     |
|                   | Line nom och                                      | , aa. 6 7 v D. <b>910</b>                                 |  |                            | 100% of fair market value any applicable statutory   |                          |                                       |                                    |

Official Form 106C

\$1,915.00

\$500.00

1998 Toyota Pickup 185,000 miles

1 old BED SET, 1 TWIN BED, 1 full

bed and 1 sm dresser, 1 OLD sofa, 1 **OLD DINNING SET-6 chairs, 1 TV** 

Line from Schedule A/B: 3.3

Line from Schedule A/B: 6.1

Fla. Stat. Ann. § 222.25(4)

Fla. Const. art. X, § 4(a)(2)

\$915.00

\$500.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to

any applicable statutory limit

| De   | Betzaida A Lugo   |                                      |                                   | Case number (if known)  |                                    |  |  |
|------|---|--------------------------------------|-----------------------------------|---|------------------------------------|--|--|
|      | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |  |
|      |   | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                    |  |  |
|      | 1 old laptop, 1 samsung galaxy star cell phone                                      | \$100.00                             |                                   | \$100.00  | Fla. Const. art. X, § 4(a)(2)      |  |  |
|      | Line from Schedule A/B: 7.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|      | USED CLOTHES Line from Schedule A/B: 11.1   | \$20.00                              |                                   | \$20.00   | Fla. Const. art. X, § 4(a)(2)      |  |  |
|      | Line IIoiii Schedule A/B. 1111  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|      | 1 woman's watch Line from Schedule A/B: 12.1  | \$20.00                              |                                   | \$20.00   | Fla. Const. art. X, § 4(a)(2)      |  |  |
| Line | Line from Scriedule AVB. 12.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|      | Checking: CHASE-8908 Line from Schedule A/B: 17.1                                   | \$600.00                             |                                   | \$600.00  | Fla. Stat. Ann. § 222.25(4)        |  |  |
|      | Line nom Schedule A/B. 11.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| 3.   | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every  |                                      |                                   | led on or after the date of adjustmer                           | nt.)                               |  |  |
|      | ■ No  |                                      |                                   |   |                                    |  |  |
|      | ☐ Yes. Did you acquire the property cove  | red by the exemption w               | ithin 1                           | ,215 days before you filed this case                            | ?                                  |  |  |
|      | □ No  |                                      |                                   |   |                                    |  |  |
|      | ☐ Yes   |                                      |                                   |   |                                    |  |  |

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|                                      | Case 0.13                 | -DK-03/32-WGVV DOC 1  | i ileu o      | 4/24/13 Fa   | ge 19 01 30  | 4/24/19 10:26AI             |
|--------------------------------------|---------------------------|---|---------------|--|--|-----------------------------|
| Fill in this inform                  | nation to identify you    | r case:   |               |  |  |                             |
| Debtor 1                             | Betzaida A Lugo           | )   |               |  |  |                             |
|                                      | First Name                |   | Name          |  |  |                             |
| Debtor 2<br>(Spouse if, filing)      | First Name                | Middle Name Last I  | Name          |  |  |                             |
| United States Bar                    | nkruptcy Court for the:   | MIDDLE DISTRICT OF FLORIDA  |               |  |  |                             |
| Case number                          |                           |   |               |  | _  | if this is an<br>ded filing |
| Official Form<br>Schedule            |                           | Who Have Claims Sec   | cured I       | oy Propert   | у  | 12/15                       |
|                                      |                           | f two married people are filing together, bot<br>out, number the entries, and attach it to this   |               |  |  |                             |
| •                                    | have claims secured by    | your property?  |               |  |  |                             |
| ☐ No. Check                          | this box and submit th    | nis form to the court with your other scheo   | dules. You l  | nave nothing else t                                    | o report on this form.                             |                             |
| Voc Fill in                          | all of the information b  | oolow   |               | Ü  | ·  |                             |
|                                      |                           | Jelow.  |               |  |  |                             |
|                                      | I Secured Claims          |   |               | Column A   | Column B   | Column C                    |
| for each claim. If me                | ore than one creditor has | nore than one secured claim, list the creditor se<br>a particular claim, list the other creditors in Par<br>cal order according to the creditor's name. |               | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any    |
| FLORIDA                              | -                         | Describe the assessment that account the state  |               | \$45,000.00  | \$115,749.00                                       | \$44,503.10                 |
| PARTNER Creditor's Name              |                           | Describe the property that secures the cla  | aim:          | Ψ+3,000.00   | Ψ113,743.00  | Ψ++,505.10                  |
| P.O. BOX                             | 760                       | 15416 Florida Breeze Loop<br>Wimauma, FL 33598 Hillsboroug<br>County<br>As of the date you file, the claim is: Check a<br>apply.                        |               |  |  |                             |
| Ruskin, Fl                           |                           | Contingent  |               |  |  |                             |
| Number, Street,                      | City, State & Zip Code    | ☐ Unliquidated  |               |  |  |                             |
| Who owes the del                     | bt? Check one.            | ☐ Disputed  Nature of lien. Check all that apply.   |               |  |  |                             |
| Debtor 1 only                        |                           | ■ An agreement you made (such as mortga   | age or secure | d  |  |                             |
| Debtor 2 only                        |                           | car loan)   | -             |  |  |                             |
| Debtor 1 and De                      | btor 2 only               | ☐ Statutory lien (such as tax lien, mechanic's  | 's lien)      |  |  |                             |
| ☐ At least one of th                 | ne debtors and another    | ☐ Judgment lien from a lawsuit  |               |  |  |                             |
| ☐ Check if this cla<br>community del |                           | Other (including a right to offset)   | ment defe     | rred Mortgage  |  |                             |

Date debt was incurred

Last 4 digits of account number

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| Debtor 1 Betzaida A Lugo  |  | Case number (if known)              |                               |          |
|---|--|-------------------------------------|-------------------------------|----------|
| First Name Middle N   | ame Last Name  | ,                                   |                               |          |
| 2.2 Suncoast Credit Union   | Describe the property that secures the claim:  | \$115,252.10                        | \$115,749.00                  | \$0.00   |
| Creditor's Name   | 15416 Florida Breeze Loop<br>Wimauma, FL 33598 Hillsborough<br>County  |                                     |                               |          |
| PO Box 11904<br>Tampa, FL 33680                                       | As of the date you file, the claim is: Check all the apply.  Contingent  | at                                  |                               |          |
| Number, Street, City, State & Zip Code                                | ☐ Unliquidated   |                                     |                               |          |
| Who owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply.  |                                     |                               |          |
| ■ Debtor 1 only □ Debtor 2 only                                       | ☐ An agreement you made (such as mortgage of car loan)   | or secured                          |                               |          |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lie   | n)                                  |                               |          |
| ☐ At least one of the debtors and another                             | ☐ Judgment lien from a lawsuit   |                                     |                               |          |
| ☐ Check if this claim relates to a community debt                     | Other (including a right to offset)  |                                     |                               |          |
| Date debt was incurred  | Last 4 digits of account number  |                                     |                               |          |
|   |  |                                     |                               |          |
| -   | column A on this page. Write that number here:   | \$160,252.                          | 10                            |          |
| If this is the last page of your form, add<br>Write that number here: | the dollar value totals from all pages.  | \$160,252.                          | 10                            |          |
| Part 2: List Others to Be Notified for                                | or a Debt That You Already Listed  |                                     |                               |          |
| trying to collect from you for a debt you o                           | ee notified about your bankruptcy for a debt that<br>owe to someone else, list the creditor in Part 1, a<br>t you listed in Part 1, list the additional creditors<br>ils page. | and then list the collection ager   | ncy here. Similarly, if you h | ave more |
| Name, Number, Street, City, State & Kass Shuler, P.A                  | Zip Code Or  | n which line in Part 1 did you ente | r the creditor?               |          |
| Attn: Jennifer M. Scott   | La   | st 4 digits of account number       |                               |          |

4/24/19 10:26AM

1505 N. Florida Ave Tampa, FL 33602

|                          |   | Case 8.19-1  | JK-U3/32-IVIGVV   | DOC 1             | Fileu 04/24/19  | Page 21 01 50                | 4/24/19 10:26AN                    |
|--------------------------|---|--|---|-------------------|---|------------------------------|------------------------------------|
| Fill i                   | n this inform                                     | ation to identify your   | case:   |                   |   |                              |                                    |
| Debt                     | tor 1   | Betzaida A Lugo  |   |                   |   |                              |                                    |
|                          |   | First Name   | Middle Name   | Las               | st Name   |                              |                                    |
| Debt<br>(Spou            | tor 2<br>se if, filing)                           | First Name   | Middle Name   | Las               | st Name   |                              |                                    |
|                          |   | kruptcy Court for the:   | MIDDLE DISTRICT O                                       |                   | 3   |                              |                                    |
| Office                   | ou States Dan                                     | ikruptcy Court for the.  | WIDDLE DIGTRIOT O                                       | TILONIDA          |   |                              |                                    |
|                          | e number  |  |   |                   |   |                              |                                    |
| (if kno                  | wn)   |  |   |                   |   | _                            | Check if this is an amended filing |
|                          |   |  |   |                   |   |                              | inended ming                       |
| Offi                     | cial Form   | 106E/F   |   |                   |   |                              |                                    |
| Sch                      | nedule E/   | F: Creditors W   | ho Have Unsec   | cured Cla         | aims  |                              | 12/15                              |
| Sched<br>left. A<br>name | dule D: Credito<br>ttach the Cont<br>and case num | ors Who Have Claims Sec<br>inuation Page to this pag<br>lber (if known). | ured by Property. If more<br>ge. If you have no informa | space is need     | t include any creditors with<br>ed, copy the Part you need<br>n a Part, do not file that Pa     | , fill it out, number the er | ntries in the boxes on the         |
| Part                     |   | of Your PRIORITY Ur  |   |                   |   |                              |                                    |
|                          | -   | rs have priority unsecure  | d ciaims against you?                                   |                   |   |                              |                                    |
| _                        | No. Go to Pa                                      | art 2.   |   |                   |   |                              |                                    |
|                          | Yes.  | of Vous NONDDIODIT   | V Unacquired Claims                                     |                   |   |                              |                                    |
|                          |   | of Your NONPRIORIT   | cured claims against you?                               | <b>)</b>          |   |                              |                                    |
|                          | _   |  | eart. Submit this form to the                           |                   | other ashedules   |                              |                                    |
|                          |   | e nothing to report in this p  | art. Submit this form to the                            | court with your   | other scriedules.   |                              |                                    |
|                          | Yes.  |  |   |                   |   |                              |                                    |
| t<br>t                   | insecured claim                                   | , list the creditor separatel  | y for each claim. For each o                            | laim listed, ider | ditor who holds each clain<br>tify what type of claim it is. D<br>more than three nonpriority u | o not list claims already in | cluded in Part 1. If more          |
|                          |   |  |   |                   |   |                              | Total claim                        |
| 4.1                      | ARS AC  | COUNT RESOLUTION   | ON Last 4 dig   | its of account    | number  | _                            | \$0.00                             |
|                          |   | Creditor's Name  / 66th Ave  | When was  | s the debt incu   | rred?   |                              |                                    |
|                          | Suite 20  |  | When was  | s the debt med    |   |                              | _                                  |
|                          |   | derdale, FL 33313  |   |                   |   |                              |                                    |
|                          |   | reet City State Zip Code   | As of the   | date you file, t  | he claim is: Check all that a   | oply                         |                                    |
|                          | _   | red the debt? Check one.   | Пол   |                   |   |                              |                                    |
|                          | ■ Debtor  | •  | ☐ Conting   | _                 |   |                              |                                    |
|                          | ☐ Debtor 2  | •  | ☐ Unliqui   |                   |   |                              |                                    |
|                          |   | 1 and Debtor 2 only  | ☐ Dispute   |                   | ınsecured claim:  |                              |                                    |
|                          |   | one of the debtors and and if this claim is for a comi                   |   |                   | ancooured oldlill.  |                              |                                    |
|                          | debt  |  | ☐ Obligat   | tions arising out | of a separation agreement of  | or divorce that you did not  |                                    |
|                          | Is the claim  ■ No                                | n subject to offset?   |   | priority claims   | ofit-sharing plans, and other   | eimilar dehte                |                                    |
|                          | ■ No<br>□ Yes                                     |  |   |                   | ont-snaming plans, and other  | ommai uevio                  |                                    |
|                          | ∟l Yes  |  | Othor   | Specify           |   |                              |                                    |

Official Form 106 E/F

| Debtor | Betzaida A Lugo   | Case number (if known)  |            |
|--------|---|---|------------|
| 4.2    | Bay Area Cardiology Assoc   | Last 4 digits of account number 0949  | \$473.57   |
|        | Nonpriority Creditor's Name<br>635 Eichenfeld Dr<br>Brandon, FL 33511   | When was the debt incurred?   |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.    | As of the date you file, the claim is: Check all that apply   |            |
|        | Debtor 1 only   | ☐ Contingent  |            |
|        | Debtor 2 only   | □ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                                | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes   | Other. Specify  |            |
| 4.3    | CAPITAL ONE   | Last 4 digits of account number   | \$80.00    |
|        | Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130-0253  | When was the debt incurred?   |            |
|        | Number Street City State Zip Code                                       | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                       |   |            |
|        | Debtor 1 only   | ☐ Contingent  |            |
|        | Debtor 2 only   | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                                | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|        | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|        | Yes   | Other. Specify  |            |
| 4.4    | CAVALRY PORTFOLIO SVCS  | Last 4 digits of account number   | \$1,086.00 |
|        | Nonpriority Creditor's Name 500 SUMMIT LAKE DRSTE 4A Valhalla, NY 10595 | When was the debt incurred?   |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.    | As of the date you file, the claim is: Check all that apply   |            |
|        | Debtor 1 only   | ☐ Contingent  |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                                | ☐ Student loans   |            |
|        | debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|        | Is the claim subject to offset?   | report as priority claims   |            |
|        | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes   | Other. Specify  |            |
|        |   |   |            |

| Debtor | Betzaida A Lugo  | Case number (if known)  |            |
|--------|--|---|------------|
|        | COMENITY BANK/VCTRSSEC Nonpriority Creditor's Name                             | Last 4 digits of account number   | \$122.00   |
|        | PO BOX 182789<br>Columbus, OH 43218-2789                                       | When was the debt incurred?   |            |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.  | П   |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only   |   |            |
|        | At least one of the debtors and another  | Student loans   |            |
|        | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | □ Yes  | Other. Specify  |            |
| 4.6    | GLELSI   | Last 4 digits of account number   | \$8,106.00 |
|        | Nonpriority Creditor's Name  | When we do dold in some 40  | · ,        |
|        | PO Box 7860<br>Madison, WI 53707   | When was the debt incurred?   |            |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.  |   |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | Disputed  |            |
|        | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|        | Check if this claim is for a community   | Student loans   |            |
|        | debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
|        | ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | □ Yes  | ☐ Other. Specify  |            |
|        | _ res  | — Other. Specify  |            |
|        | GULF TO BAY ANES Assoc LLC Nonpriority Creditor's Name                         | Last 4 digits of account number 4410  | \$122.45   |
|        | PO BOX 740712  | When was the debt incurred?   |            |
| -      | Cincinnati, OH 45274  Number Street City State Zip Code                        | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.  | ,   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |            |
|        | Is the claim subject to offset?  | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |            |
|        | ■ No   |   |            |
|        | Yes  | ■ Other. Specify South Bay Hospital   |            |

| r 1 Betzaida A Lugo  |   |          |
|--|---|----------|
| MIDLAND FUNDING LLC  Nonpriority Creditor's Name                       | Last 4 digits of account number   | \$0.00   |
| MIDLAND CREDIT MGMT INC<br>8875 Aero Dr Ste 200<br>San Diego, CA 92123 | When was the debt incurred?   |          |
| Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |          |
| ■ Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
| ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                               | ☐ Student loans   |          |
| debt<br>Is the claim subject to offset?                                | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes  | Other. Specify  |          |
| Receivable Recovery LA   | Last 4 digits of account number   | \$0.00   |
| Nonpriority Creditor's Name 110 Veterans Memor #45                     | When was the debt incurred?   |          |
| Metairie, LA 70005   |   |          |
| Number Street City State Zip Code                                      | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                                      | _   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |          |
| At least one of the debtors and another                                | Student loans   |          |
| ☐ Check if this claim is for a community debt                          | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |          |
| Is the claim subject to offset?  | report as priority claims   |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes  | Other. Specify  |          |
| SYNCB/JC PENNEY  | Last 4 digits of account number   | \$150.00 |
| Nonpriority Creditor's Name PO BOX 965007                              | When was the debt incurred?   |          |
| Orlando, FL 32896  Number Street City State Zip Code                   | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                                      | ,   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
| ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                               | ☐ Student loans   |          |
| debt   | Obligations arising out of a separation agreement or divorce that you did not                                     |          |
| Is the claim subject to offset?  | report as priority claims   |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Betzaida A Lugo

Case number (if known)

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | •  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     | •  | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 8,106.00    |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 2,034.02    |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 10,140.02   |

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| ill in this infor   | mation to identify your  | case:              |           |  |
|---------------------|--------------------------|--------------------|-----------|--|
| Debtor 1            | Betzaida A Lugo          |                    |           |  |
|                     | First Name               | Middle Name        | Last Name |  |
| Debtor 2            |                          |                    |           |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |  |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA   |  |
| Case number _       |                          |                    |           |  |
| (if known)          |                          |                    |           |  |
|                     |                          |                    |           |  |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

4/24/19 10:26AM

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the<br>or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |  | ·                 |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | <del>-</del>                            |
|     |           |              |  |                   |   |

Official Form 106G

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|                                 |   |   |  |                                  | 4/24/19 10:26AI   |
|---------------------------------|---|---|--|----------------------------------|---|
| Fill in this                    | information to identify you                                       | r case:   |  |                                  |   |
| Debtor 1                        | Betzaida A Lugo   | )   |  |                                  |   |
| Dobtor 2                        | First Name  | Middle Name   | Last Name                                      |                                  |   |
| Debtor 2<br>(Spouse if, filing) | ng) First Name  | Middle Name   | Last Name                                      |                                  |   |
| United Sta                      | ites Bankruptcy Court for the:                                    | MIDDLE DISTRICT OF                                      | FLORIDA  |                                  |   |
| Case num<br>(if known)          | ber   |   |  |                                  | ☐ Check if this is an amended filing  |
|                                 | l Form 106H<br>Iule H: Your Cod                                   | lebtors   |  |                                  | 12/15   |
| people are<br>fill it out, a    | filing together, both are eq                                      | ually responsible for sup<br>e boxes on the left. Attac | plying correct informath the Additional Page ( | tion. If more space is r         | ate as possible. If two married<br>needed, copy the Additional Page,<br>p of any Additional Pages, write        |
| 1. Do                           | you have any codebtors? (li                                       | f you are filing a joint case,                          | do not list either spouse                      | e as a codebtor.                 |   |
| ■ No                            | S   |   |  |                                  |   |
|                                 | hin the last 8 years, have yo<br>na, California, Idaho, Louisiana |   |  |                                  | ty states and territories include   |
|                                 | Go to line 3.<br>s. Did your spouse, former spo                   | ouse, or legal equivalent liv                           | ve with you at the time?                       |                                  |   |
| in line<br>Form                 | e 2 again as a codebtor only                                      | if that person is a guara                               | ntor or cosigner. Make                         | sure you have listed t           | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                 | Column 1: Your codebtor Name, Number, Street, City, State and     | ZIP Code  |  | Column 2: The cro                | editor to whom you owe the debt es that apply:  |
| 3.1                             | Nama  |   |  | Schedule D, lin                  |   |
|                                 | Name  |   |  | ☐ Schedule E/F,☐ Schedule G, lir |   |
|                                 | Number Street<br>City   | State   | ZIP Code                                       |                                  |   |
| 3.2                             |   |   |  | ☐ Schedule D, lin                | ne  |
|                                 | Name  |   |  | ☐ Schedule E/F,☐ Schedule G, lir | line  |
|                                 | Number Street   | 01-11-  | 715.0  | _                                |   |
|                                 | City  | State   | ZIP Code                                       |                                  |   |

| Fill               | in this information to identify your c                                  | ase:                          |   |                   |  |
|--------------------|---|-------------------------------|---|-------------------|--|
| Del                | otor 1 Betzaida A I   | _ugo                          |   |                   |  |
| 1                  | otor 2  |                               |   |                   |  |
| Uni                | ted States Bankruptcy Court for the                                     | : MIDDLE DISTRICT C           | F FLORIDA   |                   |  |
|                    | se number<br>nown)  |                               | -   |                   | ck if this is: an amended filing a supplement showing postpetition chapter   |
| 0                  | fficial Form 106I   |                               |   |                   | 3 income as of the following date:  /// IM / DD/ YYYY  |
| S                  | chedule I: Your Inc   | ome                           |   |                   | 12/15  |
| sup<br>spo<br>atta | plying correct information. If you<br>use. If you are separated and you | are married and not filing wi | ng jointly, and your spouse is livir<br>ith you, do not include information | ng with<br>n abou | otor 2), both are equally responsible for you, include information about your tyour spouse. If more space is needed, umber (if known). Answer every question |
| 1.                 | Fill in your employment information.                                    |                               | Debtor 1  |                   | Debtor 2 or non-filing spouse  |
|                    | If you have more than one job,  | Employment status             | ■ Employed  |                   | ■ Employed   |
|                    | attach a separate page with information about additional                | Employment status             | ☐ Not employed  |                   | ☐ Not employed   |
|                    | employers.  | Occupation                    | SUBSTITUTE TEACHER  |                   |  |
|                    | Include part-time, seasonal, or self-employed work.                     | Employer's name               | Kelly Services, Inc.  |                   |  |
|                    | Occupation may include student or homemaker, if it applies.             | Employer's address            | 5550 W Idlewild Ave #101<br>Tampa, FL 33634                                 |                   |  |

How long employed there?

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

**FEB 2019** 

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

**Give Details About Monthly Income** 

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

|    |      |          | non-fili | ng spouse |
|----|------|----------|----------|-----------|
| 2. | \$_  | 1,400.00 | \$       | 0.00      |
| 3. | +\$_ | 0.00     | +\$      | 0.00      |
| 4. | \$   | 1,400.00 | \$       | 0.00      |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1                         | Betzaida A Lugo   | _    |           | Case     | number (if k | now | n)         |        |                |                |          |       |
|-----|-------------------------------|---|------|-----------|----------|--------------|-----|------------|--------|----------------|----------------|----------|-------|
|     |                               |   |      |           | For      | Debtor 1     |     |            |        | Debtor :       |                |          |       |
|     | Cor                           | ny lina 4 hara  | 1    |           | \$       | 4 40         |     | _          | _      | filing s       |                |          |       |
|     | Cop                           | y line 4 here   | 4.   |           | Φ        | 1,40         | 0.0 | <u>U</u>   | \$     |                | 0.00           | <u>)</u> |       |
| 5.  | List                          | all payroll deductions:   |      |           |          |              |     |            |        |                |                |          |       |
|     | 5a.                           | Tax, Medicare, and Social Security deductions   | 58   | a.        | \$       | 68           | 8.0 | 0          | \$     |                | 0.00           | )_       |       |
|     | 5b.                           | Mandatory contributions for retirement plans  | 5k   |           | \$       |              | 0.0 | 0          | \$     |                | 0.00           | )        |       |
|     | 5c.                           | Voluntary contributions for retirement plans  | 50   |           | \$       |              | 0.0 | 0          | \$     |                | 0.00           | _        |       |
|     | 5d.                           | Required repayments of retirement fund loans  | 50   |           | \$_      |              | 0.0 | _          | \$     |                | 0.00           | _        |       |
|     | 5e.                           | Insurance   | 56   |           | \$_      |              | 0.0 | _          | \$     |                | 0.00           | _        |       |
|     | 5f.                           | Domestic support obligations Union dues   | 5f   |           | \$<br>\$ |              | 0.0 |            | \$<br> |                | 0.00           | _        |       |
|     | 5g.<br>5h.                    | Other deductions. Specify:  | 5(   | y.<br>h.+ | · —      |              | 0.0 | <u>U</u> - | · · —  |                | 0.00           | _        |       |
| c   |                               | · · · · · · · · · · · · · · · · · · ·   | _    |           | Ψ_<br>\$ |              |     | _          |        |                |                | _        |       |
| 6.  |                               | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   |           | · —      |              | 8.0 |            | \$     |                | 0.00           | _        |       |
| 7.  |                               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   |           | \$_      | 1,33         | 2.0 | <u>U</u>   | \$     |                | 0.00           | <u>)</u> |       |
| 8.  | List<br>8a.                   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88   | a.        | \$       |              | 0.0 | n          | \$     |                | 0.00           |          |       |
|     | 8b.                           | Interest and dividends  | 8k   |           | \$_      |              | 0.0 |            | \$     |                | 0.00           | _        |       |
|     | 8c.                           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80   | C.        | \$       |              | 0.0 | _          | \$     |                | 0.00           |          |       |
|     | 8d.                           | Unemployment compensation   | 80   | d.        | \$       |              | 0.0 | 0          | \$     |                | 0.00           | )        |       |
|     | 8e.                           | Social Security   | 86   | е.        | \$       | (            | 0.0 | 0          | \$     |                | 0.00           | )        |       |
|     | 8f.                           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f   |           | \$       |              | 0.0 |            | \$     |                | 0.00           | _        |       |
|     | 8g.                           | Pension or retirement income  | 80   | -         | \$_      |              | 0.0 |            | \$     |                | 0.00           | _        |       |
|     | 8h.                           | Other monthly income. Specify:  | _ 8r | h.+       | \$       |              | 0.0 | 0 -        | + \$   |                | 0.00           | <u></u>  |       |
| 9.  | Add                           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   |           | \$       | (            | 0.0 | 0          | \$     |                | 0.0            | 0        |       |
| 10. | Calo                          | culate monthly income. Add line 7 + line 9.   | 10.  | \$        |          | 1,332.00     | ]_[ | \$         |        | 0.00           | = \$           | 1 33     | 32.00 |
|     |                               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      | ٠.        |          | 1,002.00     |     | * –        |        | 0.00           |                | 1,00     |       |
| 11. | Stat<br>Inclu<br>othe<br>Do n | te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:     | dep  |           |          |              |     |            |        | chedule<br>11. | _              |          | 0.00  |
| 12. |                               | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies   |      |           |          |              |     |            |        | 12.            | \$             |          | 32.00 |
| 13. |                               | you expect an increase or decrease within the year after you file this form   | ?    |           |          |              |     |            |        | _              | Combi<br>month |          | ome   |
|     |                               | No.   |      |           |          |              |     |            |        |                |                |          |       |
|     | 17                            | Yes Explain:  |      |           |          |              |     |            |        |                |                |          |       |

Official Form 106l Schedule I: Your Income page 2

| Fill     | in this information to identify your case:   |   |                  |  |   |
|----------|--|---|------------------|--|---|
| Deb      | otor 1 Betzaida A Lugo   |   | Chec             | k if this is:                          |   |
| <u>.</u> |  |   | _                | An amended filing                      |   |
|          | ouse, if filing)   |   |                  | A supplement shov<br>13 expenses as of | ving postpetition chapter the following date: |
|          |  |   | _                |  |   |
| Unit     | ted States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA  |   | I                | MM / DD / YYYY                         |   |
|          | e number   |   |                  |  |   |
| (If ki   | nown)  |   |                  |  |   |
| _        | W : 15 400 I   |   |                  |  |   |
|          | fficial Form 106J  |   |                  |  |   |
|          | chedule J: Your Expenses   |   |                  |  | 12/15   |
|          | as complete and accurate as possible. If two married people are<br>ormation. If more space is needed, attach another sheet to this f |   |                  |  |   |
|          | mber (if known). Answer every question.  |   | ,                | , ,                                    |   |
| Par      | t 1: Describe Your Household   |   |                  |  |   |
| 1.       | Is this a joint case?  |   |                  |  |   |
|          | No. Go to line 2.  |   |                  |  |   |
|          | Yes. Does Debtor 2 live in a separate household?   |   |                  |  |   |
|          | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>   | for Separate Househ                       | old of Debt      | or 2.                                  |   |
| 2.       |  |   |                  |  |   |
| ۷.       |  | B Is also saled                           |                  | D I                                    | B   |
|          | Do not list Debtor 1 and Debtor 2.   Yes. Fill out this information for each dependent   | Dependent's relation Debtor 1 or Debtor 2 |                  | Dependent's<br>age                     | Does dependent live with you?                 |
|          | Do not state the   |   |                  |  | □ No  |
|          | dependents names.  | Daughter                                  |                  | 20                                     | ■ Yes   |
|          |  |   |                  |  | □ No  |
|          |  |   |                  |  | Yes   |
|          |  |   |                  |  | □ No  |
|          |  |   |                  |  | ☐ Yes   |
|          |  |   |                  |  | □ No  |
| 2        | De vieur evnences include  |   |                  |  | ☐ Yes   |
| 3.       | Do your expenses include No expenses of people other than  |   |                  |  |   |
|          | yourself and your dependents?  |   |                  |  |   |
| Par      | t 2: Estimate Your Ongoing Monthly Expenses  |   |                  |  |   |
|          | imate your expenses as of your bankruptcy filing date unless yo  |   |                  |  |   |
| •        | penses as of a date after the bankruptcy is filed. If this is a suppl<br>plicable date.  | lemental <i>Schedule</i> .                | J, check th      | e box at the top o                     | f the form and fill in the                    |
| •        |  |   |                  |  |   |
|          | lude expenses paid for with non-cash government assistance if<br>value of such assistance and have included it on Schedule I: You    |   |                  |  |   |
|          | ficial Form 106I.)   | our meome                                 |                  | Your expe                              | enses   |
|          |  |   |                  |  |   |
| 4.       | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.                            | clude first mortgage                      | 4. \$            |  | 836.00  |
|          | If not included in line 4:   |   |                  |  |   |
|          |  |   | 4- ^             |  | 0.00  |
|          | <ul><li>4a. Real estate taxes</li><li>4b. Property, homeowner's, or renter's insurance</li></ul>                                     |   | 4a. \$<br>4b. \$ |  | 0.00<br>0.00                                  |
|          | 4c. Home maintenance, repair, and upkeep expenses  |   | 4c. \$           |  | 0.00  |
|          | 4d. Homeowner's association or condominium dues  |   | 4d. \$           |  | 0.00  |
| 5.       | Additional mortgage payments for your residence, such as hor   | ne equity loans                           | 5. \$            |  | 0.00  |

| Deb | tor 1   | Betzaida                        | A Lugo   |                                       | Case num | ber (if known) |                              |
|-----|---------|---------------------------------|--|---------------------------------------|----------|----------------|------------------------------|
| 6.  | Utiliti | ies:                            |  |                                       |          |                |                              |
|     | 6a.     | Electricity,                    | heat, natural gas  |                                       | 6a.      | \$             | 150.00                       |
|     | 6b.     | Water, sev                      | ver, garbage collection  |                                       | 6b.      | \$             | 120.00                       |
|     | 6c.     | Telephone                       | e, cell phone, Internet, satellite, and cable  | e services                            | 6c.      | \$             | 240.00                       |
|     | 6d.     | Other. Spe                      | ecify:   |                                       | 6d.      | \$             | 0.00                         |
| 7.  | Food    | l and hous                      | ekeeping supplies  |                                       | 7.       | \$             | 400.00                       |
| 8.  | Child   | care and c                      | hildren's education costs  |                                       | 8.       | \$             | 0.00                         |
| 9.  | Cloth   | ning, laund                     | ry, and dry cleaning   |                                       | 9.       | \$             | 50.00                        |
| 10. |         |                                 | roducts and services   |                                       | 10.      | \$             | 20.00                        |
| 11. |         |                                 | ntal expenses  |                                       | 11.      | \$             | 40.00                        |
| 12. |         |                                 | Include gas, maintenance, bus or train far payments.   | are.                                  | 12.      | \$             | 120.00                       |
| 13. | Enter   | rtainment,                      | clubs, recreation, newspapers, magaz   | zines, and books                      | 13.      | \$             | 50.00                        |
| 14. | Chari   | itable cont                     | ributions and religious donations  |                                       | 14.      | \$             | 50.00                        |
| 15. |         | rance.                          |  |                                       |          |                |                              |
|     |         |                                 | surance deducted from your pay or inclu  | ided in lines 4 or 20.                | 45-      | •              |                              |
|     |         | Life insura                     |  |                                       | 15a.     | ·              | 0.00                         |
|     |         | Health ins                      |  |                                       | 15b.     |                | 0.00                         |
|     |         | Vehicle in                      |  |                                       | 15c.     | \$             | 150.00                       |
| 16  |         |                                 | rance. Specify:  | adudad in lines 4 or 20               | 15d.     | \$             | 0.00                         |
|     | Speci   | ify:                            |  | iciuded in lines 4 of 20.             | 16.      | \$             | 0.00                         |
| 17. |         |                                 | ease payments:   |                                       | 47-      | •              | 2.22                         |
|     |         |                                 | ents for Vehicle 1   |                                       | 17a.     | · -            | 0.00                         |
|     |         |                                 | ents for Vehicle 2   |                                       | 17b.     | ·              | 0.00                         |
|     |         |                                 | ecify: STUDENT LOAN  |                                       | 17c.     | \$             | 52.00                        |
| 10  |         | Other. Spe                      | ecity: of alimony, maintenance, and suppor   | t that you did not roport as          | 17d.     | \$             | 0.00                         |
| 10. |         |                                 | your pay on line 5, <i>Schedule I, Your In</i>   |                                       | 18.      | \$             | 0.00                         |
| 19. |         |                                 | s you make to support others who do  | not live with you.                    |          | \$             | 0.00                         |
|     | Speci   |                                 |  |                                       | 19.      |                |                              |
| 20. |         |                                 | erty expenses not included in lines 4  | or 5 of this form or on <i>Sch</i> ed |          |                | 2.22                         |
|     |         |                                 | s on other property  |                                       | 20a.     | ·              | 0.00                         |
|     |         | Real estat                      |  |                                       | 20b.     |                | 0.00                         |
|     |         |                                 | nomeowner's, or renter's insurance   |                                       | 20c.     | ·              | 0.00                         |
|     |         |                                 | ce, repair, and upkeep expenses  |                                       | 20d.     | ·              | 0.00                         |
| 04  |         |                                 | er's association or condominium dues   |                                       | 20e.     | ·              | 0.00                         |
| 21. | Otne    | r: Specify:                     | PET EXPENSE  |                                       | 21.      | +\$            | 20.00                        |
| 22. |         | •                               | monthly expenses   |                                       |          |                |                              |
|     |         |                                 | through 21.  |                                       |          | \$             | 2,298.00                     |
|     | 22b. (  | Copy line 2                     | 2 (monthly expenses for Debtor 2), if any  | , from Official Form 106J-2           |          | \$             |                              |
|     | 22c. /  | Add line 22                     | a and 22b. The result is your monthly ex   | penses.                               |          | \$             | 2,298.00                     |
| 23. | Calcu   | ulate your                      | monthly net income.  |                                       |          |                |                              |
|     |         |                                 | 12 (your combined monthly income) from   | n Schedule I.                         | 23a.     | \$             | 1,332.00                     |
|     | 23b.    | Copy your                       | monthly expenses from line 22c above.  |                                       | 23b.     | -\$            | 2,298.00                     |
|     | 00 -    | 0                               | and the same and t | .:                                    |          |                |                              |
|     | 23c.    |                                 | our monthly expenses from your monthly is your <i>monthly net income</i> .   | / income.                             | 23c.     | \$             | -966.00                      |
| 24. | For ex  | kample, do yo<br>ication to the | an increase or decrease in your expensus expect to finish paying for your car loan with terms of your mortgage?  |                                       |          |                | ase or decrease because of a |
|     | ■ No    |                                 |  |                                       |          |                |                              |
|     | ПУс     | 20                              | Explain here:  |                                       |          |                |                              |

| Fill in this infor  | rmation to identify your | case:              |           |                                      |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1            | Betzaida A Lugo          |                    |           |                                      |
|                     | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2            |                          |                    |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                      |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA   |                                      |
| Case number         |                          |                    |           |                                      |
| (if known)          |                          |                    |           | ☐ Check if this is an amended filing |

## Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

|     | Sign Below  |          |   |  |  |  |  |  |  |  |
|-----|---|----------|---|--|--|--|--|--|--|--|
| Die | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |          |   |  |  |  |  |  |  |  |
|     | No  |          |   |  |  |  |  |  |  |  |
|     | Yes. Name of person   |          | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119) |  |  |  |  |  |  |  |
|     | der penalty of perjury, I declare that I have read the summar<br>It they are true and correct.    | ry and s | chedules filed with this declaration and  |  |  |  |  |  |  |  |
| X   | /s/ Betzaida A Lugo   | _ X      |   |  |  |  |  |  |  |  |
|     | Betzaida A Lugo   |          | Signature of Debtor 2   |  |  |  |  |  |  |  |
|     | Signature of Debtor 1   |          |   |  |  |  |  |  |  |  |
|     | Date <b>April 24, 2019</b>  | _        | Date  |  |  |  |  |  |  |  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

| Eil   | Lin this inform   | ation to identify you  | casa.                                      |   |  |   |  |  |
|---|---|--|--|---|--|---|--|--|
| _   | btor 1  |  |  |   |  |   |  |  |
| De  | DIOI I  | Betzaida A Lugo  | Middle Name                                | Last Name   |  |   |  |  |
|   | btor 2<br>ouse if, filing)  | First Name   | Middle Name                                | Last Name   |  |   |  |  |
|   |   | kruptcy Court for the:   | MIDDLE DISTRICT OF F                       | LORIDA  |  |   |  |  |
|   |   | apicy Court io. uici   |  |   |  |   |  |  |
|   | se number<br>nown)  |  |  |   |  | heck if this is an mended filing                      |  |  |
| O <sub>1</sub>  | fficial For   | m 107  |  |   |  |   |  |  |
|   |   |  | Affairs for Individ                        | duals Filing for B                                    | ankruptcy  | 4/19  |  |  |
| info  | rmation. If mo  | ore space is needed,   | attach a separate sheet to                 |   | equally responsible for sup<br>additional pages, write you     |   |  |  |
|   |   | ). Answer every que  |  | . Lived Before  |  |   |  |  |
| га<br>1.  |   | current marital statu  | rital Status and Where You                 | I Lived Belore  |  |   |  |  |
| ١.  | —   | Current maritar statt  | 5:   |   |  |   |  |  |
|   | <ul><li>■ Married</li><li>□ Not marr</li></ul>  | ied  |  |   |  |   |  |  |
| 2.  | During the la   | During the last 3 years, have you lived anywhere other than where you live now?                  |  |   |  |   |  |  |
|   | ■ No □ Yes. List  | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |   |  |   |  |  |
|   | Debtor 1 Pri  | or Address:  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |  |  |
| <b>3.</b><br>stat   |   |  |  |   | ity property state or territory<br>co, Texas, Washington and W |   |  |  |
|   | ■ No  |  |  |   |  |   |  |  |
|   | ☐ Yes. Mal  | ke sure you fill out Scl   | nedule H: Your Codebtors (O                | fficial Form 106H).                                   |  |   |  |  |
| Pa  | rt 2 Explain  | n the Sources of You   | r Income                                   |   |  |   |  |  |
| 4.  | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |  |  |   |  |   |  |  |
|   | □ No  |  |  |   |  |   |  |  |
|   | _   | in the details.  |  |   |  |   |  |  |
|   |   |  | Debtor 1                                   |   | Debtor 2   |   |  |  |
|   |   |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |
| From January 1 of current year until the date you filed for bankruptcy: |   |  | ■ Wages, commissions, bonuses, tips        | \$3,900.00  | ☐ Wages, commissions, bonuses, tips                            |   |  |  |
|   |   |  | ☐ Operating a business                     |   | ☐ Operating a business   |   |  |  |

Official Form 107

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| Debtor 1 Betzaida A Lugo Case |                          |   |   | e number (if known)  |  |  |                                   |   |
|-------------------------------|--------------------------|---|---|--|--|--|-----------------------------------|---|
|                               |                          |   |   |  |  |  |                                   |   |
|                               |                          |   |   | Debtor 1   |  | Debtor 2   |                                   |   |
|                               |                          |   |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of inco  |                                   | Gross income<br>(before deductions<br>and exclusions) |
|                               |                          |   | 31, 2018 )  | ■ Wages, commissions, bonuses, tips  | \$24,722.00  | ☐ Wages, common bonuses, tips  | nissions,                         |   |
|                               |                          |   |   | ☐ Operating a business   |  | Operating a b  | usiness                           |   |
|                               |                          | dar year be<br>December                             |   | ■ Wages, commissions, bonuses, tips  | \$21,387.00  | ☐ Wages, common bonuses, tips  | nissions,                         |   |
|                               |                          |   |   | ☐ Operating a business   |  | ☐ Operating a b  | usiness                           |   |
|                               | winnings.  List each  No | If you are fil                                      | ng a joint cas  | pensions; rental income; inter<br>e and you have income that y<br>me from each source separat  | ou received together, list it o  | only once under Del  | otor 1.                           | a gambing and lottery                                 |
|                               |                          |   |   | Debtor 1   |  | Debtor 2   |                                   |   |
|                               |                          |   |   | Sources of income Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of inco  | me                                | Gross income<br>(before deductions<br>and exclusions) |
| Pa                            | rt 3: Lis                | t Certain Pa  | yments You  | Made Before You Filed for I  | Bankruptcy   |  |                                   |   |
| <b>).</b>                     | □ No.                    | Neither De individual puring the No. Yes  * Subject | ebtor 1 nor D<br>primarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>to adjustment | es debts primarily consumer ebtor 2 has primarily consumer personal, family, or househol re you filed for bankruptcy, did ach creditor to whom you paid editor. Do not include payment payments to an attorney for the on 4/01/22 and every 3 years re you filed for bankruptcy, did to the consumer you filed for bankruptcy. | mer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,825* or more its for domestic support oblighis bankruptcy case. Is after that for cases filed on mer debts. | I of \$6,825* or more n one or more payr ations, such as chil or after the date of | e?<br>nents and th<br>d support a | ne total amount you<br>nd alimony. Also, do           |
|                               |                          | ■ No. □ Yes   | include pay   | each creditor to whom you paid<br>ments for domestic support ob<br>this bankruptcy case.   |  |  |                                   |   |
|                               | Creditor                 | 's Name and   | d Address   | Dates of payme   | nt Total amount paid   | Amount you still owe   | Was this p                        | ayment for  |
|                               |                          |   |   |  | -  |  |                                   |   |

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Case number (if known)

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                         |  |                      |                                   |                     |  |
|-----|--|-------------------------|--|----------------------|-----------------------------------|---------------------|--|
|     | No   |                         |  |                      |                                   |                     |  |
|     | Yes. List all payments to an insider.  |                         |  |                      |                                   |                     |  |
|     | Insider's Name and Address   | Dates of payment        | Total amount paid  | Amount you still owe | Reason for                        | this payment        |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  |                         |  |                      |                                   |                     |  |
|     | ■ No □ Yes. List all payments to an insider  |                         |  |                      |                                   |                     |  |
|     | Insider's Name and Address   | Dates of payment        | Total amount   | Amount you           | Reason for                        | this payment        |  |
|     |  |                         | paid   | still owe            | Include cred                      |                     |  |
| Pai | tt 4: Identify Legal Actions, Repossession   | s, and Foreclosures     |  |                      |                                   |                     |  |
| 9.  | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.  No  Yes. Fill in the details.   |                         |  |                      |                                   |                     |  |
|     | Case title   | Nature of the case      |  |                      | Status of the case                |                     |  |
|     | Case number  |                         |  |                      |                                   |                     |  |
|     | Suncoast Credit Union<br>VS<br>Betzaida A Lugo<br>15-CA-001093   | Foreclosure             | Hillsborough County Clerk<br>of<br>The Circuit Court<br>800 Twiggs Street<br>Tampa, FL 33602 |                      | ☐ Pending ☐ On appeal ☐ Concluded |                     |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.   |                         |  |                      |                                   |                     |  |
|     | <ul><li>No. Go to line 11.</li><li>☐ Yes. Fill in the information below.</li></ul>   |                         |  |                      |                                   |                     |  |
|     | Creditor Name and Address  | Describe the Property   |  | Date                 |                                   | Value of the        |  |
|     |  | Explain what happened   |  |                      |                                   | property            |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes Fill in the details  |                         |  |                      |                                   |                     |  |
|     | Creditor Name and Address  | Describe the action the | creditor took  | Date<br>taker        | action was                        | Amount              |  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at  ■ No □ Yes  |                         | rty in the possess   |                      |                                   | fit of creditors, a |  |
|     |  |                         |  |                      |                                   |                     |  |

Debtor 1 Betzaida A Lugo

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| De | Betzaida A Lugo   | Case number   | (If Known)               |                           |  |  |  |  |  |
|----|---|---|--------------------------|---------------------------|--|--|--|--|--|
|    |   |   |                          |                           |  |  |  |  |  |
| Pa | rt 5: List Certain Gifts and Contributions  | 3   |                          |                           |  |  |  |  |  |
| 3. | Vithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No   |   |                          |                           |  |  |  |  |  |
|    | ☐ Yes. Fill in the details for each gift.   |   |                          |                           |  |  |  |  |  |
|    | Gifts with a total value of more than \$600 per person  | Describe the gifts  | Dates you gave the gifts | Value                     |  |  |  |  |  |
|    | Person to Whom You Gave the Gift and Address:   |   |                          |                           |  |  |  |  |  |
| 4. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No  |   |                          |                           |  |  |  |  |  |
|    | ☐ Yes. Fill in the details for each gift or co  | ontribution.  |                          |                           |  |  |  |  |  |
|    | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)  | ,   | Dates you contributed    | Value                     |  |  |  |  |  |
| Pa | rt 6: List Certain Losses   |   |                          |                           |  |  |  |  |  |
| 5  | Within 1 year before you filed for bankrur  | otcy or since you filed for bankruptcy, did you lose any  | thing because of the     | t fire other disaster     |  |  |  |  |  |
| Ο. | or gambling?  | ncy of since you med for bankinghey, and you lose any   | uning because or the     | t, me, other disaster     |  |  |  |  |  |
|    | <b>-</b>  |   |                          |                           |  |  |  |  |  |
|    | ■ No □ Yes. Fill in the details.  |   |                          |                           |  |  |  |  |  |
|    |   | Date of your  | Value of property        |                           |  |  |  |  |  |
|    | how the loss occurred   | Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss        | Value of property<br>lost |  |  |  |  |  |
|    | List Contain Downson to an Town (see  | , ,   |                          |                           |  |  |  |  |  |
| Гa | rt 7: List Certain Payments or Transfers  |   |                          |                           |  |  |  |  |  |
| 6. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  nclude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |   |                          |                           |  |  |  |  |  |
|    | □ No  |   |                          |                           |  |  |  |  |  |
|    | Yes. Fill in the details.   | _   |                          |                           |  |  |  |  |  |
|    | Person Who Was Paid   | Description and value of any property   | Date payment             | Amount of                 |  |  |  |  |  |
|    | Address Email or website address Person Who Made the Payment, if Not Yo   | transferred   | or transfer was made     | payment                   |  |  |  |  |  |
|    | DebtorCC.org  | Credit Counseling Course  | 04/24/2019               | \$15.00                   |  |  |  |  |  |
|    | 001 Debtorcc, Inc   | Ground Gourns and Gourns  | 0-112-112010             | Ψ10.00                    |  |  |  |  |  |
|    | 370 Summit Avenue   |   |                          |                           |  |  |  |  |  |
|    | Jersey City, NJ 07306   |   |                          |                           |  |  |  |  |  |
|    |   |   |                          |                           |  |  |  |  |  |
| 7. |   | otcy, did you or anyone else acting on your behalf pay itors or to make payments to your creditors? you listed on line 16.                                    | or transfer any prope    | rty to anyone who         |  |  |  |  |  |
|    | ■ No  |   |                          |                           |  |  |  |  |  |
|    | Yes. Fill in the details.   |   |                          |                           |  |  |  |  |  |
|    | Person Who Was Paid   | Description and value of any property   | Date payment             | Amount of                 |  |  |  |  |  |
|    | Address   | transferred   | or transfer was<br>made  | payment                   |  |  |  |  |  |
|    |   |   |                          |                           |  |  |  |  |  |

Debtor 1 Betzaida A Lugo

Case number (if known)

| 18. | <ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |                               |             |   |   |
|-----|--|---|-------------------------------|-------------|---|---|
|     | Person Who Received Transfer Address  Person's relationship to you   | Description and vo  |                               | payme       | ibe any property or<br>ents received or debts<br>n exchange | Date transfer was made                        |
|     | · · ·  |   |                               |             |   |   |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote  |   | y property to a s             | self-settle | d trust or similar device (                                 | of which you are a                            |
|     | No   |   |                               |             |   |   |
|     | Yes. Fill in the details.  Name of trust   | Description and w   | alue of the prop              | orty trong  | forrad  | Date Transfer was                             |
|     | Name of trust  | Description and v   | aide of the prop              | erty trails | ilerreu   | made  |
| Par | t 8: List of Certain Financial Accounts, Instr   | ruments, Safe Deposit   | Boxes, and Sto                | orage Unit  | s   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No  | other financial accour  | its; certificates             | of deposi   |   |   |
|     | Yes. Fill in the details.  |   |                               |             |   |   |
|     |  | ast 4 digits of account number  | Type of account or instrument |             | Date account was closed, sold, moved, or transferred        | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | ar before you filed for   | bankruptcy, an                | y safe dep  | oosit box or other deposi                                   | tory for securities,                          |
|     | No   |   |                               |             |   |   |
|     | Yes. Fill in the details.  |   |                               |             |   |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had accommoder, State and ZIP Code)                              |                               | Describe    | the contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | place other than your   | home within 1                 | year befor  | e you filed for bankrupto                                   | y?  |
|     | ■ No   |   |                               |             |   |   |
|     | Yes. Fill in the details.  |   |                               |             |   |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                               |             | the contents  | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control fo  | r Someone Else  |                               |             |   |   |
| 23. | Do you hold or control any property that some for someone.   |   | ide any propert               | y you bori  | rowed from, are storing f                                   | or, or hold in trust                          |
|     | ■ No □ Yes. Fill in the details.   |   |                               |             |   |   |
|     | Owner's Name   | Where is the prop   | erty?                         | Describe    | the property  | Value   |
|     | Address (Number, Street, City, State and ZIP Code)   | (Number, Street, City, St<br>Code)  |                               |             | , ,   |   |
| Par | t 10: Give Details About Environmental Inform  | mation  |                               |             |   |   |
|     |  |   |                               |             |   |   |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

Debtor 1 Betzaida A Lugo Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| hazardous material, pollutant, contaminant, or similar term. |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| ort a  | Il notices, releases, and proceedings that   | at you know about, regardless of wher   | n the  | ey occurred.   |  |  |  |  |  |
| Has  | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |   |  |  |  |  |  |  |  |
|  | No   |   |  |  |  |  |  |  |  |
|  | Yes. Fill in the details.  |   |  |  |  |  |  |  |  |
|  |  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)  | d  | Environmental law, if you know it  | Date of notice   |  |  |  |  |
| Hav  | e you notified any governmental unit of  | any release of hazardous material?  |  |  |  |  |  |  |  |
|  | No<br>Yes. Fill in the details.  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
| Hav  | e you been a party in any judicial or adn  | ninistrative proceeding under any envi  | ronn   | mental law? Include settlements a  | nd orders.   |  |  |  |  |
|  | No<br>Yes. Fill in the details.  |   |  |  |  |  |  |  |  |
|  |  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nat  | ture of the case   | Status of the case   |  |  |  |  |
| t 11:  | Give Details About Your Business or  | Connections to Any Business   |  |  |  |  |  |  |  |
| Wit  | nin 4 vears before vou filed for bankrupt  | cv. did vou own a business or have ar   | ıv of  | the following connections to any   | business?  |  |  |  |  |
|  |  | • •   | •  |  |  |  |  |  |  |
|  | ☐ A member of a limited liability comp   | any (LLC) or limited liability partnersh  | ip (L  | .LP)   |  |  |  |  |  |
|  | ☐ A partner in a partnership   |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
|  | ☐ An owner of at least 5% of the voting  | g or equity securities of a corporation   |  |  |  |  |  |  |  |
|  | No. None of the above applies. Go to F   | Part 12.  |  |  |  |  |  |  |  |
|  |  |   | S.   |  |  |  |  |  |  |
|  |  | Describe the nature of the business   |  | Employer Identification number   |  |  |  |  |  |
|  |  | Name of accountant or bookkeeper  |  | Dates business existed   |  |  |  |  |  |
|  |  | cy, did you give a financial statement  | to an  | nyone about your business? Inclu   | de all financial   |  |  |  |  |
|  | No   |   |  |  |  |  |  |  |  |
|  | Yes. Fill in the details below.  |   |  |  |  |  |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)      |  |   |  |  |  |  |  |  |  |
|  | Nan Add Hav With inst  | Has any governmental unit notified you that  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or adm No Yes. Fill in the details.  Case Title Case Number  Case Number  A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to F Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankrupt institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address | Has any governmental unit notified you that you know about, regardless of when Has any governmental unit notified you that you may be liable or potentially liable.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any envious Name No Yes. Fill in the details.  Case Title Case Number Case Number Case Number Address (Number, Street, City, State and ZIP Code)  Within 4 years before you filed for bankruptcy, did you own a business or have are A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties.  Date Issued | Has any governmental unit notified you that you may be liable or potentially liable under the liability of the details.  No  Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any release of hazardous material?  No  Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  A member of a limited liability company (LLC) or limited liability partnership (L A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, eith A partner in a partnership and a trade, profession, or other activity, e | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements a PNo Yes. Fill in the details.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title  Case Number  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Nature of the case  Address (Number, Street, City, State and ZIP Code)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Employer Identification number Do not include Social Security on Code S |  |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

4/24/19 10:26AM

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| Deptor   | Betzaida A Lugo                    | Case number (if known)  |      |
|----------|------------------------------------|---|------|
| with a b |                                    | g a false statement, concealing property, or obtaining money or property by fraud in connec<br>to \$250,000, or imprisonment for up to 20 years, or both. | tion |
|          | zaida A Lugo                       |   |      |
| Betzai   | da A Lugo                          | Signature of Debtor 2   |      |
| Signati  | ure of Debtor 1                    |   |      |
| Date     | April 24, 2019                     | Date  |      |
| Did you  | attach additional pages to Your St | ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |      |
| ■ No     |                                    |   |      |
| ☐ Yes    |                                    |   |      |
| Did vou  | nay or agree to pay someone who    | not an attorney to help you fill out bankruptcy forms?  |      |
| ■ No     | pay or agree to pay someone who    | iot an account to holp you in our bank aproy formor   |      |
| - 110    |                                    |   |      |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

4/24/19 10:26AM

| Fill in this infor                      | rmation to identify your | case:              |           |  |
|---|--------------------------|--------------------|-----------|--|
| Debtor 1                                | Betzaida A Lugo          |                    |           |  |
|   | First Name               | Middle Name        | Last Name |  |
| Debtor 2                                |                          |                    |           |  |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name |  |
| United States Bankruptcy Court for the: |                          | MIDDLE DISTRICT OF | FLORIDA   |  |
| Case number                             |                          |                    |           |  |
| (if known)                              |                          |                    |           |  |
|   |                          |                    |           |  |

#### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

| Identify the creditor and the property that is collateral  | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C? |
|--|---|---|
| Creditor's FLORIDA HOME PARTNERSHIP INC  | <ul><li>■ Surrender the property.</li><li>□ Retain the property and redeem it.</li></ul>  | ■ No  |
| Description of property securing debt:  15416 Florida Breeze Loop Wimauma, FL 33598 Hillsborough County        | <ul><li>□ Retain the property and enter into a<br/>Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>  | □ Yes   |
| Creditor's Suncoast Credit Union   | ■ Surrender the property.   | ■ No  |
| name:  Description of property securing debt:  15416 Florida Breeze Loop Wimauma, FL 33598 Hillsborough County | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ☐ Yes   |

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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|   | 4/24                   | 4/19 10:26 <i>F</i> |
|---|------------------------|---------------------|
| Debtor 1 Betzaida A Lugo                | Case number (if known) |                     |
| Lessor's name:<br>Description of leased | □ No                   |                     |
| Property:                               | ☐ Yes                  |                     |
| Lessor's name:<br>Description of leased | □ No                   |                     |
| Property:                               | ☐ Yes                  |                     |
| Lessor's name:<br>Description of leased | □ No                   |                     |
| Property:                               | ☐ Yes                  |                     |
| Lessor's name:<br>Description of leased | □ No                   |                     |
| Property:                               | ☐ Yes                  |                     |
| Lessor's name:<br>Description of leased | □ No                   |                     |
| Property:                               | ☐ Yes                  |                     |
| Lessor's name:<br>Description of leased | □ No                   |                     |
| Property:                               | ☐ Yes                  |                     |
| Lessor's name:<br>Description of leased | □ No                   |                     |
| Property:                               | ☐ Yes                  |                     |
| Part 3: Sign Below                      |                        |                     |

| X | /s/ Betzaida A Lugo   | X |                       |
|---|-----------------------|---|-----------------------|
|   | Betzaida A Lugo       |   | Signature of Debtor 2 |
|   | Signature of Debtor 1 |   |                       |
|   |                       |   |                       |

Date

Date

April 24, 2019

| Fill in this inform                     | Fill in this information to identify your case: |                            |  |  |  |
|---|---|----------------------------|--|--|--|
| Debtor 1                                | Betzaida A Lugo                                 |                            |  |  |  |
| Debtor 2<br>(Spouse, if filing)         |   |                            |  |  |  |
| United States Bankruptcy Court for the: |   | Middle District of Florida |  |  |  |
| Case number (if known)                  |   |                            |  |  |  |

| Check one box only as directed in this form and in Form 122A-1Supp:   |
|---|
| ■ 1. There is no presumption of abuse   |
| 2. The calculation to determine if a presumption of abuse<br>applies will be made under <i>Chapter 7 Means Test</i><br><i>Calculation</i> (Official Form 122A-2). |
| ☐ 3. The Means Test does not apply now because of   |

qualified military service but it could apply later.

☐ Check if this is an amended filing

#### Official Form 122A - 1

### **Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
  - Married and your spouse is NOT filing with you. You and your spouse are:
    - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
    - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|    |   |                     |                       |                                   | Colui<br>Debt |          | Column B Debtor 2 or non-filing spouse |
|----|---|---------------------|-----------------------|-----------------------------------|---------------|----------|--|
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions).   | and co              | ommissio              | ons (before all                   | \$            | 1,400.00 | \$                                     |
| 3. | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | payme               | ents from             | a spouse if                       | \$            | 0.00     | \$                                     |
| 4. | All amounts from any source which are regularly portion of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3. | . Includ<br>d, your | le regula:<br>depende | r contributions<br>ints, parents, | \$            | 0.00     | \$                                     |
| 5. | Net income from operating a business, profession,   | or farr             |                       |                                   |               |          |  |
|    |   |                     | Deb                   | otor 1                            |               |          |  |
|    | Gross receipts (before all deductions)  | \$_                 | 0.00                  |                                   |               |          |  |
|    | Ordinary and necessary operating expenses   | -\$                 | 0.00                  |                                   |               |          |  |
|    | Net monthly income from a business, profession, or far  | m \$                | 0.00                  | Copy here ->                      | \$            | 0.00     | \$                                     |
| 6. | Net income from rental and other real property  |                     |                       |                                   |               |          |  |
|    |   |                     | Deb                   | otor 1                            |               |          |  |
|    | Gross receipts (before all deductions)  | \$                  | 0.00                  |                                   |               |          |  |
|    | Ordinary and necessary operating expenses   | <b>-</b> \$         | 0.00                  |                                   |               |          |  |
|    | Net monthly income from rental or other real property   | \$                  | 0.00                  | Copy here ->                      | \$            | 0.00     | \$                                     |
| 7  | Interest, dividends, and royalties  |                     |                       |                                   | \$            | 0.00     | \$                                     |

Official Form 122A-1

Case number (if known)

|      |                   |  |  |                 | Column A Debtor 1 |             | Column E Debtor 2 non-filing |            |                 |
|------|-------------------|--|--|-----------------|-------------------|-------------|------------------------------|------------|-----------------|
| 8.   | Unem              | ployment compensation  |  |                 | \$                | 0.00        | \$                           |            |                 |
|      |                   | t enter the amount if you contend that the amo cial Security Act. Instead, list it here:   | unt received was a be                              | nefit under     |                   |             |                              |            |                 |
|      |                   | you  |  | 0.00            |                   |             |                              |            |                 |
|      |                   | your spouse  |  |                 |                   |             |                              |            |                 |
|      | benefit           | on or retirement income. Do not include any tunder the Social Security Act.  |  |                 | \$                | 0.00        | \$                           |            |                 |
|      | Do not<br>receive | te from all other sources not listed above. So<br>t include any benefits received under the Social<br>ed as a victim of a war crime, a crime against l<br>stic terrorism. If necessary, list other sources of<br>elow. | al Security Act or paym<br>humanity, or internatio | nents<br>nal or |                   |             |                              |            |                 |
|      |                   | ·  |  |                 | \$                | 0.00        | \$                           |            |                 |
|      |                   |  |  |                 | \$                | 0.00        | \$                           |            |                 |
|      |                   | Total amounts from separate pages, if any.   |  | +               | \$                | 0.00        | \$                           |            |                 |
|      |                   | late your total current monthly income. Add column. Then add the total for Column A to the   |  | \$              | 1,400.00          | + \$_       |                              | = \$       | 1,400.00        |
| Part |                   | Determine Whether the Means Test Applie  |  |                 |                   |             |                              | incom      | current monthly |
|      |                   | late your current monthly income for the ye  |  |                 |                   |             |                              |            |                 |
|      | 12a. C            | copy your total current monthly income from lin  | ie 11  |                 | Cop               | line 11 l   | nere=>                       | \$         | 1,400.00        |
|      | M                 | fultiply by 12 (the number of months in a year)  |  |                 |                   |             |                              | X          | 12              |
|      | 12b. T            | he result is your annual income for this part of   | the form   |                 |                   |             | 1:                           | 2b. \$     | 16,800.00       |
| 13.  | Calcul            | late the median family income that applies   | to you. Follow these s                             | teps:           |                   |             |                              |            |                 |
|      | Fill in t         | the state in which you live.   | FL   |                 |                   |             |                              |            |                 |
|      |                   | ,  |  | _               |                   |             |                              |            |                 |
|      | Fill in t         | the number of people in your household.  | 2  |                 |                   |             |                              |            |                 |
|      | To find           | the median family income for your state and side<br>a list of applicable median income amounts, a<br>form. This list may also be available at the ba   | go online using the linl                           | specified       | in the separa     | ate instruc | 1:<br>tions                  | 3. \$      | 55,344.00       |
| 14.  | How d             | to the lines compare?  |  |                 |                   |             |                              |            |                 |
|      | 14a.              | Line 12b is less than or equal to line 13. Go to Part 3.   | . On the top of page 1,                            | check box       | (1, There is i    | no presum   | nption of ab                 | use.       |                 |
|      | 14b.              | ☐ Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.  | p of page 1, check box                             | c 2, The pr     | esumption of      | abuse is    | determined                   | by Form 1  | 22A-2.          |
| Part | 3:                | Sign Below   |  |                 |                   |             |                              |            |                 |
|      | В                 | sy signing here, I declare under penalty of perju  | ury that the information                           | on this st      | atement and       | in any atta | achments is                  | true and c | orrect.         |
|      | X                 | /s/ Betzaida A Lugo  |  |                 |                   |             |                              |            |                 |
|      |                   | Betzaida A Lugo<br>Signature of Debtor 1   |  |                 |                   |             |                              |            |                 |
|      | Date              | April 24, 2019   |  |                 |                   |             |                              |            |                 |
|      |                   | MM / DD / YYYY   |  |                 |                   |             |                              |            |                 |
|      | lf                | you checked line 14a, do NOT fill out or file Fe   | orm 122A-2.  |                 |                   |             |                              |            |                 |
|      | lf                | vou checked line 14b. fill out Form 122A-2 an  | d file it with this form.                          |                 |                   |             |                              |            |                 |

Betzaida A Lugo

Debtor 1

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |        | Liquidation        |
|------------|--------|--------------------|
|            | \$245  | filing fee         |
|            | \$75   | administrative fee |
|            | + \$15 | trustee surcharge  |
|            | \$335  | total fee          |

4/24/19 10:26AM

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

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If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court Middle District of Florida

|        |                 | Middle District of Florida             |          |                       |
|--------|-----------------|--|----------|-----------------------|
| In re  | Betzaida A Lugo |  | Case No. |                       |
|        |                 | Debtor(s)                              | Chapter  | 7                     |
| Γhe ab |                 | RIFICATION OF CREDITOR                 |          | of his/her knowledge. |
| Date:  | April 24, 2019  | /s/ Betzaida A Lugo<br>Betzaida A Lugo |          |                       |

Betzaida A Lugo 15416 Florida Breeze Loop Wimauma, FL 33598 GULF TO BAY ANES Assoc LLC PO BOX 740712 Cincinnati, OH 45274

Laura M. Gallo Gallo Law, P.A 7211 N. Dale Mabry Highway Suite 228 Tampa, FL 33614 Kass Shuler, P.A Attn: Jennifer M. Scott 1505 N. Florida Ave Tampa, FL 33602

ARS ACCOUNT RESOLUTION 1801 NW 66th Ave Suite 200 C Fort Lauderdale, FL 33313 MIDLAND FUNDING LLC MIDLAND CREDIT MGMT INC 8875 Aero Dr Ste 200 San Diego, CA 92123

Bay Area Cardiology Assoc 635 Eichenfeld Dr Brandon, FL 33511 Receivable Recovery LA 110 Veterans Memor #45 Metairie, LA 70005

CAPITAL ONE PO Box 30281 Salt Lake City, UT 84130-0253 Suncoast Credit Union PO Box 11904 Tampa, FL 33680

CAVALRY PORTFOLIO SVCS 500 SUMMIT LAKE DRSTE 4A Valhalla, NY 10595 SYNCB/JC PENNEY PO BOX 965007 Orlando, FL 32896

COMENITY BANK/VCTRSSEC PO BOX 182789 Columbus, OH 43218-2789

FLORIDA HOME PARTNERSHIP INC P.O. BOX 760 Ruskin, FL 33575

GLELSI PO Box 7860 Madison, WI 53707 Case 8:19-bk-03732-MGW Doc 1 Filed 04/24/19 Page 50 of 50

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Middle District of Florida

|      | M   | lidale District of Florida   |   |                  |                         |  |
|------|---|--|---|------------------|-------------------------|--|
| In r | Betzaida A Lugo   |  | Case No   |                  |                         |  |
|      |   | Debtor(s)  | Chapter   | 7                |                         |  |
|      | DISCLOSURE OF COMPE   | ENSATION OF ATTO   | RNEY FOR I  | DEBTOR(S         | 3)                      |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation   | ing of the petition in bankruptcy,   | or agreed to be pa  | id to me, for se |                         |  |
|      | For legal services, I have agreed to accept   |  | \$  | 0.0              | 00_                     |  |
|      | Prior to the filing of this statement I have received   |  | \$  | 0.0              | 00_                     |  |
|      | Balance Due   |  | \$  | 0.0              | 00_                     |  |
| 2.   | \$_335.00 of the filing fee has been paid.  |  |   |                  |                         |  |
| 3.   | The source of the compensation paid to me was:  |  |   |                  |                         |  |
|      | ■ Debtor □ Other (specify):   |  |   |                  |                         |  |
| 4.   | The source of compensation to be paid to me is:   |  |   |                  |                         |  |
|      | ■ Debtor □ Other (specify):   |  |   |                  |                         |  |
| 5.   | ■ I have not agreed to share the above-disclosed comp   | pensation with any other person  | unless they are me  | mbers and asso   | ociates of my law firm. |  |
|      | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na  |  |   |                  | s of my law firm. A     |  |
| 6.   | In return for the above-disclosed fee, I have agreed to r   | r the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                  |   |                  |                         |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, sta</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications</li> <li>522(f)(2)(A) for avoidance of liens on how</li> </ul> | atement of affairs and plan which<br>tors and confirmation hearing, and<br>reduce to market value; exe<br>ons as needed; preparation | n may be required;<br>and any adjourned hemption planning | earings thereof  | f;<br>on and filing of  |  |
| 7.   | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.   | ee does not include the following ischargeability actions, judi  | g service:<br>cial lien avoidar                           | nces, relief fr  | om stay actions or      |  |
|      |   | CERTIFICATION  |   |                  |                         |  |
| this | I certify that the foregoing is a complete statement of an bankruptcy proceeding.   | ny agreement or arrangement for  | payment to me for   | r representation | of the debtor(s) in     |  |
|      | April 24, 2019  | /s/ Laura M. Gallo   | •   |                  |                         |  |
| Date |   | Laura M. Gallo 89  |   |                  |                         |  |
|      |   | Signature of Attorne Gallo Law, P.A  | ey .  |                  |                         |  |
|      |   | 7211 N. Dale Mab   | ry Highway  |                  |                         |  |
|      |   | Suite 228<br>Tampa, FL 33614   |   |                  |                         |  |
|      |   | 813-530-8009 Fa  | x: 813-515-7702   |                  |                         |  |
|      |   | Igallo@gallolawf   | l.com   |                  |                         |  |
| 1    |   | manic of the film  |   |                  |                         |  |

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